

and Closing Cost Assistance (DCCA) Program loan.

COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

BOARD OF SUPERVISORS

GREG COX First District

DIANNE JACOB Second District

PAM SLATER-PRICE Third District

> RON ROBERTS Fourth District

> > BILL HORN Fifth District

STUDENT ENROLLMENT VERIFICATION

Effective August 1, 2005

To be completed for Adults (18 years old and over), who are full-time students, and will not be going on the Title or the Note of the First Mortgage financing in connection with the County of San Diego Downpayment

Primary Borrower: Property Address:						
Name of Stu	udent	Social Security Number of Student				
Student – D	ate of Birth					
		ime student and not going on the Title of the property, my income will not be household annual income.				
Signature:	Student	Date				
*****	*******	***********************				
Required:	Please attach a curr	rent semester transcript for verification.				
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The below information should be completed and signed by a bona fide representative of the educational institution. If you have any questions regarding this document, please call the DCCA Program Administrator at (858) 694-8741.

ENROLLMENT INFORMATION

Please Print:				
Name of Student:				
The student is enrolled for units from	to		(dates)	
and is considered: [] Full time [] Part time				
Name of Educational Institution:				
Address:				
Street	City	State	Zip	
Phone No.:				
Name:	Title:			
Signature	Date:			